

MIAMI-DADE COUNTY, FLORIDA



Environmental Resources Management  
33 S.W. 2<sup>nd</sup> Avenue, Suite 600  
Miami, Florida 33130-1540

**INDUSTRIAL FACILITIES PERMIT APPLICATION**

Folio Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ Date: \_\_\_\_\_

Application for PERMIT TO CONSTRUCT \_\_\_\_\_, TO OPERATE \_\_\_\_\_,  
ALL INDUSTRIAL WASTE POLLUTION SOURCES.

Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Owner or Authorized Person: \_\_\_\_\_ Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Finished Product: \_\_\_\_\_ Estimated Production Rate: \_\_\_\_\_

Certificate of Occupancy No. \_\_\_\_\_ Occupational License No. \_\_\_\_\_

New Source \_\_\_\_ Existing Source \_\_\_\_ Modification \_\_\_\_ Relocation \_\_\_\_

Days per year in Operation \_\_\_\_\_ No. Of Shifts \_\_\_\_\_ (Normally, per day)

Days per week in Operation \_\_\_\_\_

Hours per day in Operation \_\_\_\_\_ SEASONAL OPERATION  
From \_\_\_\_\_ To \_\_\_\_\_

Type of Waste Generated  
(Check all that apply)

\_\_\_\_ Acids  
\_\_\_\_ Waste Oil  
\_\_\_\_ Solvents  
\_\_\_\_ Wastewater From Steam Cleaning Operations  
\_\_\_\_ Dry Cleaning Liquids  
\_\_\_\_ Transmission Fluid  
\_\_\_\_ Chemicals  
\_\_\_\_ Pigments  
\_\_\_\_ Pesticides  
\_\_\_\_ Other (Please Specify)

Type of Material Stored  
(Check all that apply)

\_\_\_\_ Acids  
\_\_\_\_ Oil  
\_\_\_\_ Solvents  
\_\_\_\_ Caustics  
\_\_\_\_ Dry Cleaning Liquids  
\_\_\_\_ Transmission Fluid  
\_\_\_\_ Chemicals  
\_\_\_\_ Pigments  
\_\_\_\_ Pesticides  
\_\_\_\_ Other (Please Specify)

**NOTE: ALL CHANGES OF ADDRESS, OWNERSHIP PRODUCTION LEVELS OR STORAGE  
QUANTITIES REQUIRE A NEW APPLICATION. NOTIFY, THE INDUSTRIAL FACILITIES  
WITHIN 10 DAYS AT 305-372-6600.**



MIAMI-DADE COUNTY  
ENVIRONMENTAL RESOURCES MANAGEMENT

NAME OF COMPANY:

RAW MATERIALS STORAGE (Attach Material Safety Data Sheets)

[illegible]

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NAME OF COMPANY:

Raw Waste Daily Flow

GPD \_\_\_\_\_ Average

GPD \_\_\_\_\_ Maximum

GENERAL

Water Supply

1. Sources: \_\_\_\_\_ Public Water \_\_\_\_\_ Potable Water Well \_\_\_\_\_ Other \_\_\_\_\_

Utility Company Name: \_\_\_\_\_ Number of Own Water Wells \_\_\_\_\_

2. Volume Used (Gal./Day) \_\_\_\_\_ or Gal./mo. \_\_\_\_\_

**Ultimate Storm Water Effluent Disposal: Effluent shall be specified as to industrial waste or storm water.**

1. Surface Water Disposal

River \_\_\_\_\_, Canal \_\_\_\_\_, Ditch \_\_\_\_\_, Lake \_\_\_\_\_, Bay \_\_\_\_\_, Ocean \_\_\_\_\_

Give Name of Receiving Body of water and Location of Effluent Point:

2. Storm Water Ground Disposal

Soakage Pit \_\_\_\_\_ (State Permit No. \_\_\_\_\_)

Percolation Pond \_\_\_\_\_

Other \_\_\_\_\_

**Ultimate Waste Water Effluent Disposal:**

3. Public Sanitary Sewer System:

Name of Utility: \_\_\_\_\_

Location of Sewer Connection: \_\_\_\_\_

Date of Approval by Utility to Connect to their sewer:

4. Holding Tank(s): \_\_\_\_\_ Raw Material tank \_\_\_\_\_ Waste tank \_\_\_\_\_ Process tank

Capacity of Tank(s): \_\_\_\_\_

Location: Under Ground \_\_\_\_\_ Above Ground \_\_\_\_\_

**A Spill Prevention and Response Plan (SPRP) must be submitted for all aboveground storage tanks.**

Volume of largest tank on site: \_\_\_\_\_

(Attach a Sketch with details)

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NAME OF COMPANY:

Holding capacity of containment area: \_\_\_\_\_  
(Provide volume calculations)  
Groundwater Monitoring Wells On-site: (Attach sketch of locations)

OTHER INFORMATION:

Hazardous Waste Generator EPA ID No. \_\_\_\_\_  
Sludge Disposal

1. Does facility generate sludge? \_\_\_\_\_
2. List sludge treatment units (if any):
3. Volume and composition of final sludge: (Attach copy of analysis)
4. Method and location of ultimate sludge disposal:
5. Name of Disposal Company:

(Include Manifests of hazardous wastes disposals for the previous six months, for existing facilities)

**OTHER WASTES**

**Solid Waste:**

1. Composition:
2. Quantity per Month:
3. Method & location of Disposal:
4. Name of Disposal Company:

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NAME OF COMPANY:

**Liquid and Hazardous Waste** (Transported off site by an approved hauler) Attach copy of Analysis and/or Hazardous Waste Profile Sheet

1. Composition:
2. Quantity per Month:
3. Method & Location of Disposal:
4. Name of Disposal Company:

Describe measures in use at the plant for waste reduction and/or reuse:

Operation:

NAMES OF OPERATORS & SUPERVISORS	QUALIFICATIONS	TELEPHONE

Name of Owner or

Responsible Official\* \_\_\_\_\_ Signature \_\_\_\_\_

Engineer of Record \_\_\_\_\_ Signature & Seal \_\_\_\_\_

\*Submit a Letter of Authorization from owners or corporate Officials if responsible official signed document.